



## Board of Health Agenda

Date: August 18, 2021

Time: 9:00 AM

Location: Conducted by Remote Participation

### 1. Administrative

#### **BOARD OF HEALTH MEETING AGENDA**

Date: Wednesday, August 18, 2021

Time: 9:00am

Location: Conducted by Remote Participation

In accordance with the Governor's Order Suspending Certain Provisions of the Open Meeting Law, G. L. c. 30A, § 20 relating to the COVID-19 emergency and subsequent [Act Extending Certain COVID-19 Measures Adopted During the State of Emergency](#), the August 18, 2021 public meeting of the Arlington Board of Health shall be physically closed to the public to avoid group congregation. The meeting shall instead be held virtually using Zoom.

#### ***Public access to this meeting shall be provided in the following manner:***

Real-time public comment can be addressed to the Board of Health utilizing the Zoom virtual meeting software for remote participation. This application will allow attendees to request an opportunity for public comment, and allow the Board Chair to grant attendees the opportunity for public comment. Attendees can use either phone or computer to participate in the meeting. Public comment can also be sent in advance of the meeting by emailing the Board of Health at [boh@town.arlington.ma.us](mailto:boh@town.arlington.ma.us) by no later than 5pm on August 17, 2021. Submitted public comment will be read into the record at the appropriate points in the meeting.

#### ***Zoom Login instructions:***

Instructions and the meeting link for this specific meeting can be found on the Board's agenda and minutes page or on the Town's meeting calendar. The meeting registration information is listed below. When attendees enter the meeting, they will be placed into a virtual waiting room. Attendees will be admitted into the meeting from the waiting room at the start of the meeting.

Please register in advance for this meeting:

<https://town-arlington-ma-us.zoom.us/meeting/register/tZArfumhrDIrGd3p0NXrAau2zsFvMJQYckxU>

#### **On this agenda:**

2. Acceptance of Meeting Minutes from July 27, 2021
3. COVID-19 Situational Update
4. Public Health Nurse Update

5. DISCUSSION:

Mask Policy

6. HEARING:

Eskar Arlington LLC - Permit to Operate a Marijuana Establishment

7. HEARING:

Benchmark Tattoo - Body Art Establishment Application

8. HEARING:

Jonathan Santos - Body Art Practitioner Application

9. HEARING:

Brooke Santos - Body Art Practitioner Application

10. HEARING:

Spencer Garron - Body Art Practitioner Application

11. UPDATES:

Environmental Health

12. UPDATES:

Restaurants

PUBLIC COMMENT

Adjourn



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

## BOARD OF HEALTH MEETING MINUTES

Date: Wednesday, July 21, 2021

Time: 2:00pm

Location: Conducted by Remote Participation

In accordance with the Governor's [Order Suspending Certain Provisions of the Open Meeting Law, G. L. c. 30A, § 20](#) relating to the COVID-19 emergency, the August 19, 2020 public meeting of the Arlington Board of Health shall be physically closed to the public to avoid group congregation. The meeting shall instead be held virtually using Zoom.

***Public access to this meeting shall be provided in the following manner:***

Real-time public comment can be addressed to the Board of Health utilizing the Zoom virtual meeting software for remote participation. This application will allow attendees to request an opportunity for public comment, and allow the Board Chair to grant attendees the opportunity for public comment. Attendees can use either phone or computer to participate in the meeting. Public comment can also be sent in advance of the meeting by emailing the Board of Health at [boh@town.arlington.ma.us](mailto:boh@town.arlington.ma.us) by no later than 5pm on January 19, 2021. Submitted public comment will be read into the record at the appropriate points in the meeting.

***Zoom Login instructions:***

Instructions and the meeting link for this specific meeting can be found on the [Board's agenda and minutes page](#) or on the [Town's meeting calendar](#). The meeting registration information is listed below. When attendees enter the meeting, they will be placed into a virtual waiting room. Attendees will be admitted into the meeting from the waiting room at the start of the meeting.

Please register in advance for this meeting:

<https://town-arlington-ma-us.zoom.us/meeting/register/tJEucuiqpjotGtC0B-t9K1DEz2y1VVEtlynM>

After registering, you will receive a confirmation email containing information about joining the meeting.

**On this agenda:**

1. Administrative

Lead Health Compliance Officer Pat Martin provided the following opening statement: Good Afternoon, this is Pat Martin, Lead Health Compliance Officer for the Town of Arlington. Consistent with the Governor's orders suspending certain provisions of the Open Meeting Law and allowing us to adhere to social distancing requirements during the COVID-19 crisis, this Town of Arlington Board of Health meeting is being held virtually via Zoom for audio and video participation of Board Members and the

public. When you entered this meeting, you were automatically muted. During this meeting you will be unmuted individually as needed. These controls are in place to ensure that today's meeting is safe and effective. At this time, I would like to confirm that all members and persons anticipated on today's agenda are present and can hear me.

Board Members, when your name is called, please respond in the affirmative.

1. Marie Walsh Condon, Aye
2. Ken Kohlberg, Aye
3. Kevin Fallon, Absent

Health Department staff, please responds in the affirmative when your name is called.

1. Ashley Jean, Aye
2. Annette Curbow, Aye
3. Diana Destefano, Aye
4. Pat Martin, Aye
5. Jessica Kerr, Aye

Applicants and Representatives, do we have anyone on the call representing an application?

1. Tarsem Singh – Arlington Convenience, Present
2. Shajid Shaikh – Galaxy Market, Present
3. Michael Hunnewell – Eskar, Present
4. Michael Aldi – Eskar, Present

Thank you everyone.

As stated, this Open Meeting of the Arlington Board of Health is being conducted remotely consistent with Governor Baker's Executive Order of March 12, 2020, due to the current State of Emergency in the Commonwealth due to the outbreak of the COVID-19 Virus.

In order to mitigate the transmission of the COVID-19 Virus, the Town of Arlington has been advised and directed by the Commonwealth to suspend public gatherings, and as such, the Governor's Order suspends the requirement of the Open Meeting Law to have all meetings in a publicly accessible physical location. Further, all members of public bodies are allowed and encouraged to participate remotely.

The Order, which you can find posted with agenda materials for this meeting, allows public bodies to meet entirely remotely so long as reasonable public access is afforded so that the public can follow along with the deliberations of the meeting.

Ensuring public access does not ensure public participation unless such participation is required by law. This meeting will have one public comment period, at the end of the meeting. This meeting will have multiple comment periods. If you would like to comment during one of the public comment periods, please use the "Raise Hand" function if on a computer, or "Dial \*9" if on the phone. When your name or phone number is called, and you are unmuted, please state your name and provide your comment. All attendees during the public comment period will be afforded 3 minutes for any comments.

For this meeting, the Board of Health is convening by telephone and computer conference via Zoom as posted on the Town's Website identifying how the public may join.



Only Health Department staff will be able to share their screen during this meeting. Board Members and Department Staff may be participating by video conference. Accordingly, please be aware that other folks may be able to see you. Anything that you broadcast may be captured by the recording.

All of the materials for this meeting are available on the Novus Agenda dashboard, and I recommend that Board Members and the public follow the agenda as posted on Novus unless otherwise noted. Members of the public are encouraged to provide written public comments.

Mr. Martin reviewed some ground rules for effective and clear conduct of our business and to ensure accurate meeting minutes.

Before we get to today's agenda, I am going to cover some ground rules for effective and clear conduct of our business and to ensure accurate meeting minutes.

Dr. Marie Walsh-Condon, the Board Chair, will introduce each agenda item. After the item is presented, she will go down the list of Board Members, inviting each by name to provide any comment, questions, or motions. Please hold comments or questions until your name is called and you are unmuted. For any response, please wait until the Chair yields the floor to you, and state your name before speaking.

Finally, each vote taken during this meeting will be conducted by roll-call vote.

Floor yielded to Dr. Condon

Dr. Condon welcomed everyone to today's Board of Health meeting.

## 2. Acceptance of Meeting Minutes from May 19, 2021

Neither Dr. Condon nor Mr. Kohlberg had any questions or comments regarding the meeting minutes.

A motion made by Mr. Ken Kohlberg was seconded by Dr. Condon to accept the May 19, 2021 meeting minutes as written.

- Dr. Condon, Aye
- Mr. Ken Kohlberg, Aye

Motion approved unanimously (2-0)

## 3. HEARING: Eskar Arlington LLC – Permit to Operate a Marijuana Establishment

Mr. Pat Martin stated that Eskar's application to operate a marijuana establishment was received on June 9, 2021. The proposed location is 21 Broadway. The application is for the sale of pre-packaged marijuana only. Upon initial review, some additional documentation and clarification was needed. On July 14, 2021 additional documentation was provided. The application appears complete in that all documentation has been received; however, a complete review of the additional documentation was not completed. The security plan is currently under review by the Arlington Police Department.

Mike Hunnewell, President of Eskar, provided an overview of operations. They are planning to open a recreational only cannabis dispensary in Arlington. They will be open to those 21 and older at their facility (approximately 2,000 sq ft area on the first floor). A second vestibule entrance will be built to ensure facility entrance and exit is separate from any shared spaces in the building. Proposed hours of operation are to be 11am-7pm Sun-Mon and 10am-8pm Tues-Sat. There were approximately 60 parking spaces identified through the traffic study. They are expected to have 8-12 staff members per shift and expect to do 100-200 transactions per day.

Dr. Condon was interested in more details about their diversion planning and protocols. Mr. Hunnewell stated that per state requirements, all products will be locked up. In addition to the 50-60 theft prevention cameras, key card access, and 24/7 monitoring, there are individual level policies that prevent customers from handling products until payment is received. Most products on the display floor will be empty packaging with the exemption of flower. Smell jars will be available for customers interested in flower, but these will only be handled by an Eskar agent. There are 5 zones of limited access to provide additional levels of diversion prevention and security against someone forcing their way in.

Mr. Ken Kohlberg asked if Mr. Hunnewell had any comment or insight into the anticipated market given another dispensary being in the town. Mr. Hunnewell states that the believed usage rates are higher than one may think. Mr. Hunnewell believes that MA underestimated the usage rate in the state as they established the permitting rules. When looking at the usage rates vs. the number of licenses available, there is a relatively low amount (which is why most stores are doing \$10+ million in revenue).

Mr. Kohlberg asked if he was aware of any other towns/ cities that have two recreational dispensaries in that town. In Watertown there are three permits awarded. Northbridge has two dispensaries. Dracut has four permits available. Somerville will have several programs, but many are still waiting final permitting.

Dr. Condon thanked Mr. Hunnewell and Mr. Aldi for their information and participation.

A motion made by Dr. Condon to grant a continuance for the hearing until the next Board meeting set for August 18, 2021 was seconded by Mr. Kohlberg.

All those in Favor

1. Dr. Marie Walsh Condon, Aye
2. Mr. Ken Kohlberg, Aye

Approved unanimously (2-0)

The continuance of this conversation will take place at the August 18, 2021 Board Meeting.

#### 4. HEARING: Tobacco Violations – Galaxy Market

Mr. Martin provided the following background: On June 9, 2021 Kevin Sweet, from TSG Consulting conducted compliance checks of behalf of the department at several permitted retail tobacco establishments in Town. Galaxy Market sold a package of Marlboro cigarettes to an underage individual on this date.

In response to a complaint received by the Board of Health office, another compliance check was made on June 22, 2021. During this check, multiple flavored tobacco products were observed under the counter. These products included menthol and fruit flavored electronic nicotine delivery products. This violation represented the third violation within a 36-month period. Galaxy Market has paid all fines associated with their second and third violations.

Dr. Condon asked the representatives of Galaxy market to provide an explanation as to what happened and how it can be avoided in the future.

Mrs. Frajah Shaikh and Mr. Shajid Shaik introduced themselves. Mrs. Shaik offered an apology for what happened. She stated that the underage sale took place by a new hire who has since been let go. Mrs. Shaikh stated that she believes that with folks wearing masks, it can be difficult to decide who to ID.

Dr. Condon asked what measures can be put in place to ensure violations don't take place in the future. Ms. Shaik stated that strict training will take place to ensure that future violations are not made.

Mr. Kohlberg asked if the sale of flavored products is allowed. Mr. Martin stated that it is not allowed in MA.

Mr. Kohlberg asked about the nature of the DOR concerns. Mrs. Shaikh stated that when the products were found, they were expired and in a dusty condition. When DOR came, they found some expired product in the back storage room where filings and trash are kept.

Mr. Kohlberg asked when the flavored products were purchased by Mr. and Mrs. Shaikh. Mr. Shaikh responded that the products were purchased 1-2 years prior.

Mr. Kohlberg asked Mr. Martin if the products sold were confiscated. Mr. Martin stated that during the most recent violation, they were discarded by the owner on-site.

Dr. Condon asked if the owners understood their responsibility to dispose of expired products including food and tobacco. Dr. Condon asked if they were willing to put in the work to get back on track. Mrs. Shaik replied that they were willing to get back on track. They have been in business for 20 years in Arlington and have been living in the community for 15 years. They indicated that they have a minor in town who they would not want purchasing tobacco products.

Dr. Condon stated that there are a number of other establishments in town who have not had to come before the board as many times as Galaxy Market, and that poses a concern to the Board.

Dr. Condon brought up ID scanners and how they assist retailers in ensuring compliance. Repeated violations show that the systems in place are insufficient, and changes need to be made. Mr. Shaikh said that they have brought in extra staff with more tobacco retailing experience to ensure proper compliance is achieved.

A motion made by Dr. Condon to suspend Galaxy Market's Permit to Sell Tobacco Products for 14-days due to their second violation on June 9, 2021 was seconded by Mr. Kohlberg.

All those in Favor

1. Dr. Marie Walsh Condon, Aye
2. Mr. Ken Kohlberg, Aye

Approved unanimously (2-0)

A motion made by Dr. Condon to suspend Galaxy Market's Permit to Sell Tobacco Products for 30-days due to their third violation on June 22, 2021 was seconded by Mr. Kohlberg.

All those in Favor

1. Dr. Marie Walsh Condon, Aye
2. Mr. Ken Kohlberg, Aye

Approved unanimously (2-0)

Mr. Martin will reach out to the business owners regarding the details of their suspension.

#### 5. HEARING: Tobacco Violations – Arlington Convenience

Mr. Martin provided the following background: On June 9, 2021 Kevin Sweet, from TSG Consulting conducted compliance checks of behalf of the department at several permitted retail tobacco establishments in Town. Arlington Convenience sold a package of Marlboro cigarettes to an underage individual on this date. Arlington Convenience has paid all fines associated with their first violation.

A motion was made by Dr. Condon to suspend Arlington Convenience's Permit to Sell Tobacco Products for 7-days due to their first violation on June 9, 2021. The motion was seconded by Mr. Kohlberg.

All those in Favor

1. Dr. Marie Walsh Condon, Aye
2. Mr. Ken Kohlberg, Aye

Approved unanimously (2-0)

Mr. Martin will reach out to the business owners regarding the details of their suspension.

#### 6. UPDATES: COVID-19 Situational Update

Mr. Martin Informed the Board that there are 1896 confirmed cases, 192 probable cases, 87 deaths (1 more than last meeting)

- July to date: 23 new cases
- June: 6 cases
- May: 34 cases
- April: 103 cases

We are experiencing a slight increase in new cases. Though the data is incomplete, Jessica Kerr found approximately 23 breakthrough cases.

Dr. Condon thanked the department for all they have been doing to manage this response.

Mr. Martin reviewed the act that extends several provisions signed by Gov. Baker on June 16, 2021. This allows us to conduct meetings via remote participation through April 2022. Mr. Martin invited a discussion about resuming in-person meetings. Given recent trends in new cases, this discussion is tabled to a future meeting.

#### 7. UPDATES: Public Health Nurse Update

Jessica Kerr indicated that we are seeing some younger children (8-11 years who cannot be vaccinated) affected. We did have one case reported today which was connected with the Provincetown cluster. An interview was conducted and the state was informed.

We are seeing some other communicable diseases along with some tick-borne diseases. We did see a varicella case (chicken pox) in a daycare. Some of the other children at the daycare were too young to be vaccinated and therefore needed to quarantine.

Dr. Condon asked if the chicken pox case had been vaccinated. Ms. Kerr stated that they were not vaccinated as they were too young. They had been exposed to someone with shingles in the home.

Second round interviews for the MRC coordinator position are being conducted on July 22, 2021. We are hoping to find a good solid candidate by next meeting.

#### 8. UPDATES: Environmental Health

A pool of mosquitoes in Medford tested positive for West Nile Virus (WNV). Since a press release about this positive pool was issued, additional communities have found positive pools. We have not seen a positive pool in Arlington. At such time a pool is identified, the department will notify the Board and issue a press release to the town.

First catch basin treatment for mosquitos took place earlier this summer. The second will be conducted soon, but the exact date has not been identified.

#### 9. UPDATES: Restaurants

No major changes with restaurants. On May 29<sup>th</sup>, all restaurants were able to return to full capacity with no COVID-19 related restrictions. We have not had any new establishments open, but there are a few who should be opening soon.

#### 10. Public Comment

No Comments from the public.

Dr. Walsh Condon concluded the Board of Health's agenda for the meeting.

A motion to adjourn made by Mr. Kohlberg was seconded by Dr. Condon.

Roll-call vote to close the Board meeting.

1. Marie Walsh Condon, Aye
2. Ken Kohlberg, Aye

Meeting adjourned at 3:21 pm.



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**Memo**

To: Board of Health Members

From: Pdraig Martin, Lead Health Compliance Officer

Date: August 12, 2021

RE: Permit to Operate a Marijuana Establishment- 21 Broadway

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As you are aware, Eskar Arlington LLC. has submitted an application to the Board for the purpose of operating a marijuana establishment at 21 Broadway. At our last meeting, representatives from Eskar Arlington LLC. were present and provided an overview of their operation.

In the time since the hearing on July 21, 2021, Eskar Arlington LLC. has submitted updated information regarding their waste disposal procedures. The Arlington Police Department has also completed their review of Eskar's security plan. Chief Flaherty found the plan to be satisfactory; however, a few questions and concerns were noted. Those comments were provided to Mr. Hunnewell (at Eskar) who has stated that they would review the comments and respond. Any additional information provided from Eskar or APD will be provided at the meeting.

Included in this packet are Eskar's waste disposal procedures and APD's comments regarding the security plan.



**Doc Number:** ESK-WDP-AR-SOP-201  
**Version:** 1.0

**Effective Date:** XX/XX/XXXX  
**Supersedes:** Initial Release

## Non-Marijuana Waste Disposal Procedures SOP

### 1. PURPOSE

Eskar's Waste Management Program outlines operational procedures for cleaning and waste disposal in compliance with State laws and regulations.

### 2. SCOPE

The scope of this document applies to all regular waste disposal activities performed by Eskar employees within the Dispensary.

### 3. DEFINITIONS

N/A

### 4. RESPONSIBILITIES

Directors, Managers, and Security Officers are responsible for ensuring this Standard Operating Procedure (SOP) remain up to date with Eskar's Quality Planning Objectives, and regulatory expectations of the following state agencies:

- 1.1. Cannabis Control Commission (CCC)
- 1.2. Massachusetts Department of Public Health (DPH)
- 1.3. OSHA
- 1.4. Local Law Enforcement

### 5. ASSOCIATED PROCEDURES

| Doc. # | Title |
|--------|-------|
| N/A    | N/A   |

### 6. PROCEDURE

#### Garbage Work Procedures

1. Obtain all trash bins.
2. Break down all boxes before throwing away into the recycle dumpster.
3. If the trash bin has a trash bag, remove the bag with garbage and spray the inside of the trash bin with denatured alcohol before putting a new bag into the trash bin.
4. If the bin does not have a trash bag, dump all trash into the dumpster and bring the bin into the cleaning room.

#### Trash Bin Cleaning Procedures

1. Dump half a gallon of hot water inside the bin.





**Doc Number:** ESK-WDP-AR-SOP-201

**Effective Date:** XX/XX/XXXX

**Version:** 1.0

**Supersedes:** Initial Release

2. Using a bristle scrubber, scrub the corners and seams of the garbage bin.
3. Scrub free of any sticky & or dirt left behind the bin.
4. Dump the dirty water down the designated floor drain and/or mop sink.
5. Make sure the drain has a filter before pouring waste water down it.
6. Once all water is poured out, take the drain filter and throw away any remains that are in it.
7. Place the filter back in the floor drain.
8. After the first rinse now it's time to use a cleaning solution (Denatured Alcohol and H2O2) and follow the same steps as before.
9. Scrub the corners and seems and then rinse the bin out.
10. Pour all waste water down the floor drain.
11. After the bin is sanitized, dry it down or leave the lid open so it air-dries overnight.
12. Place the trash bin back in its appropriate storage area.

#### 7. REVISION HISTORY:

| Author | Revision Description | Version | Effective Date |
|--------|----------------------|---------|----------------|
| TBD    | Initial Release      | 1.0     | XX/XX/XXXX     |
|        |                      |         |                |

#### 8. DOCUMENT APPROVALS:

# Arlington Police Department

**Juliann Flaherty**  
Chief of Police



POLICE HEADQUARTERS  
112 Mystic Street  
Telephone 781-316-3900

*Town of Arlington*  
MASSACHUSETTS 02474

Padraig Martin, REHS  
Lead Health Compliance Officer  
Town of Arlington  
27 Maple Street  
Arlington, MA 02476

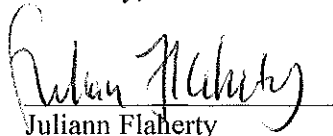
Mr. Martin,

The Arlington Police Department has reviewed the Security Plan for Eskar's proposed marijuana dispensary to be located at # 23 Broadway in Arlington. We have found the plan to be satisfactory in that it adequately prevents and detects diversion, theft, or loss of marijuana and/or unauthorized intrusion. We do have the following questions and/or concerns.

1. Will Eskar designate an individual who will be responsible for conducting regular security audits of the facility?
2. All entrances, exits, and windows appear to have a perimeter alarm, but is there a failure notification alert for this system? Is there a separate power source that will provide electricity to all security systems in the event of a power outage?
3. Also, is the primary alarm system backed up by a secondary alarm system from a different vendor?
4. Finally, we would like to see instructions for the retention of video recordings beyond 90 days when there is a criminal, civil, or administrative investigation.

We look forward to hearing from the applicant regarding these concerns.

Sincerely,

  
Juliann Flaherty  
Chief of Police

*"Justice for All"*



**Town of Arlington**  
**Department of Health and Human Services**  
**Office of the Board of Health**  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**Memo**

To: Board of Health Members  
From: Annette Curbow, Health Compliance Officer  
Date: August 13, 2021  
RE: Permit to Operate a Body Art Establishment – 1340 Massachusetts Ave

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Jonathan Santos and Brooke Santos submitted an Application for a Permit to Operate a Body Art Establishment on July 29, 2021 for Benchmark Tattoos. The proposed location of the facility is 1340. The permit sought is for tattoo and body piercing operations. The application was reviewed in accordance with the Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners. Upon initial review, it was determined that additional information was required and subsequently requested. Additional information was received on August 5, 2021. It appears the application is complete, insofar as it contains the required elements.

Included in this packet are the following materials for the Benchmark Tattoo Establishment Application.

1. Benchmark Tattoos Establishment Application & Information
2. Benchmark Tattoos Floorplan
3. Benchmark Tattoos Disclosure Statement
4. Tattoo Release Form
5. Piercing Release Form
6. Exposure Control Plan
7. Benchmark Tattoos Exposure Incident Report
8. Body Piercing After Care Instructions
9. Tattoo After Care Instructions
10. Procedures for Decontaminating and Disinfecting Environmental Surfaces
11. Benchmark Tattoos Injury/ Complication Report



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
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**APPLICATION FOR A PERMIT TO OPERATE A BODY ART ESTABLISHMENT**

Name of Establishment Benchmark Tattoos Telephone 781-872-1537

Address 1340 Massachusetts Ave Hours of Operation 11-7  
Am Pm

Manager's Name Jonathan Santos Emergency Phone 781-570-1731  
Brooke Santos

Please list all body art practitioners who will practice at this establishment Jonathan Santos  
Brooke Santos Spencer Garron

Name & telephone number of laboratory that will perform monthly spore destruction tests 1-800-289-7786  
Mesa Labs 625 Zoot Way Bozeman, MT 59718

Name and telephone number of contaminated waste disposal contractor Stonicycle  
331-300-3238 139 Ferry Way Haverhill, me. 01835

List the following: manufacturer, model number, model year, and serial number of autoclaves Will

Purchase upon Board Approval

Please submit the following with this application:

- \$1000 fee made payable to the Town of Arlington
- Floor plan to scale of establishment indicating location of all required equipment
- Copy of the disclosure statement describing body art procedures to be given to all clients
- Copy of consent form to be signed by each client
- Copy of the establishment exposure control plan
- Copy of the exposure report form
- Copy of aftercare instructions to be given to each client

*I received, read, understand, and agree to follow all rules and regulations specified in the Town of Arlington Board Rules and Regulations for Body Art Establishments and Practitioners.*

Signature [Signature] Date 8/4/21

# **Establishment Information**

## **Establishment name**

Benchmark Tattoos

## **Hours of operation**

Monday – Saturday 11am -6pm

## **Owners Information**

Jonathan & Brooke Santos  
527 Bedford St  
Lexington, Ma 01867  
781-570-1731

## **Description of Services**

Benchmark Tattoos provides Tattooing and Piercing services to clients 18 years or older only.



# BENCHMARK TATTOOS

1340 Massachusetts ave, 02476 Arlington , ma  
TOTAL AREA: 1808.29 sq ft • LIVING AREA: 1808.29 sq ft • FLOORS: 1 • ROOMS: 8

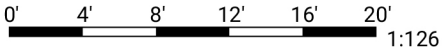
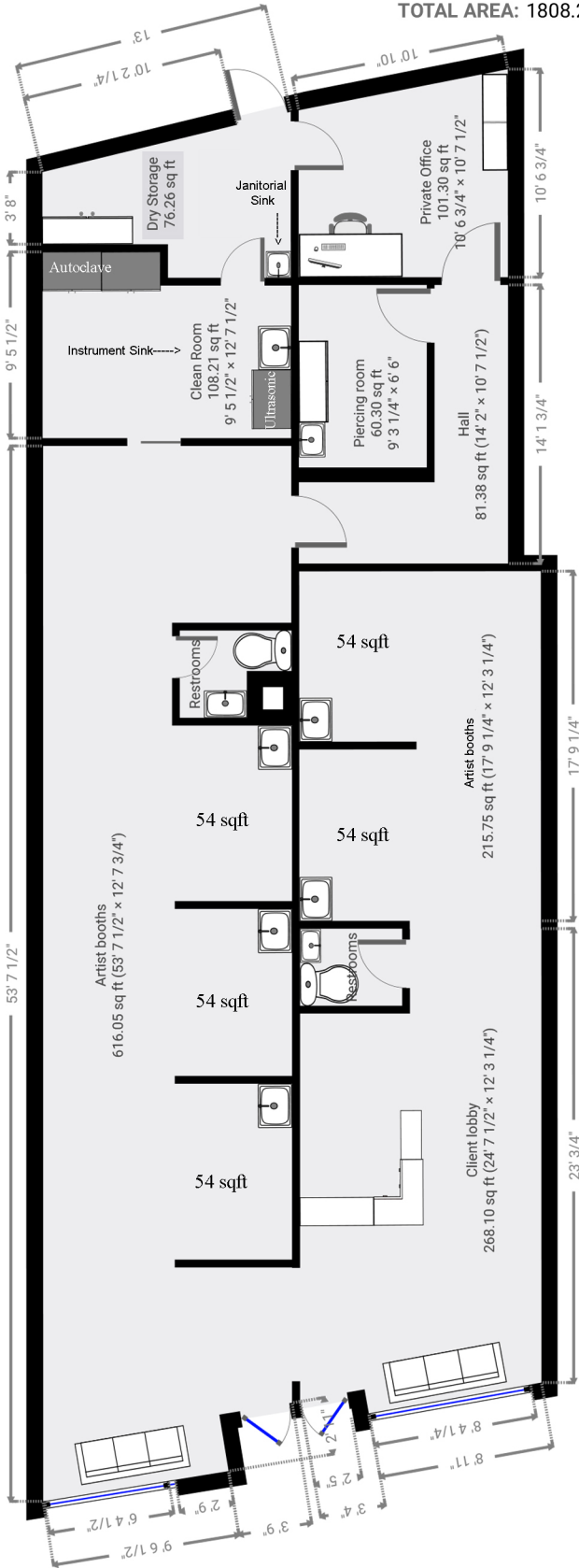
## ▼ Ground Floor

TOTAL AREA: 1808.29 sq ft • LIVING AREA: 1808.29 sq ft • ROOMS: 8

-Clean room is marked with appropriate signage and is not accessible to clientele.  
-Contaminated waste is stored, treated, and disposed of in clean room, in accordance with 105 CMR 480.000

-All Artist booths able to be screened at client request.

t



1:126

# BENCHMARK TATTOO DISCLOSURE STATEMENT

## TATTOO AND BODY PIERCING DISCLOSURE STATEMENT

As with any invasive procedure, tattooing and body piercing may involve possible health risks. These risks may include:

- Paid, bleeding, swelling, infection, scarring of the area and nerve damage.
- Unsterile equipment, needles, and body jewelry can spread infectious diseases; it is extremely important to be sure that all equipment is clean and sanitary before use
- Tattoos are not easily removed and, in some cases, may cause permanent discoloration; think carefully before getting a tattoo. There is also the possibility of an allergic reaction.
- The inks, or dyes, used for tattoos are color additives. Currently no color additives have been approved by FDA for tattoos.
- Blood donations cannot be made for a year after getting a tattoo.

The Body Art Practitioner should

- Properly and thoroughly cleanse the area before the procedure
- Use sterilized equipment
- Use sterile techniques
- Provide information on the aftercare of the area receiving body art.

## HEALTH HISTORY AND INFORMED CONSENT

The following conditions may increase health risks associated with receiving body art:

1. (a) diabetes;
2. (b) hemophilia (bleeding)
3. (c) skin diseases, lesions, or skin sensitivities to soaps, disinfectants, etc.;
4. (d) history of allergies or adverse reactions to pigments, dyes, or other sensitivities;
5. (e) history of epilepsy, seizures, fainting, or narcolepsy;
6. (f) use of medications such as anticoagulants, (such as coumadin) which thin the blood, and/or interfere with blood clotting; and
7. (g) hepatitis or HIV infection

## PROCEDURE FOR FILING A COMPLAINT

If there is any injury, infection, complication, or diseases as a result of a body art procedure notify this establishment, and the Arlington Board of Health. 27 Maple st. Arlington, MA 02476 (781) 316-3170

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Sign Name: \_\_\_\_\_

# EXPOSURE CONTROL PLAN

**Facility:** Benchmark Tattoos

**Address:** 1340 Massachusetts Ave. Arlington, Ma 02476

**Date of Preparation:** 06/20/2020

**Date of Review:** 06/20/2021

## POLICY

- Benchmark Tattoos is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood-borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, *Occupational Exposure to Blood-borne Pathogens*.
- The ECP is a key document to assist our firm in implementing and ensuring compliance with the standard, thereby protecting our employees.
- This ECP includes:
  - Determination of employee exposure
  - Implementation of various methods of exposure control, including:
    - Universal precautions
    - Engineering and work practice controls
    - Personal protective equipment
    - Housekeeping
    - Hepatitis B vaccination
    - Post-exposure evaluation and follow-up
    - Communication of hazards to employees and training
    - Recordkeeping
    - Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

## PROGRAM ADMINISTRATION

- Jonathan Santos and/or Brooke Santos are responsible for the implementation of the ECP.
- Jonathan Santos and/or Brooke Santos will maintain, review, and update the ECP at least **annually**, and whenever necessary to include new or modified tasks and procedures.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.



- Jonathan Santos and/or Brooke Santos will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.
- Jonathan Santos and/or Brooke Santos will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- Jonathan Santos and/or Brooke Santos will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.
- Jonathan Santos and/or Brooke Santos will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

## EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our studio in which **all** employees have occupational exposure:

Tattooist

Other: \_\_\_\_\_

The following is a list of job classifications in which **some** employees at our studio have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

Receptionist ☐ Janitorial duties ☐ Handling regulated waste ☐ First aid

Janitor ☐ Janitorial duties ☐ Handling regulated waste ☐ First aid

Other Employee: \_\_\_\_\_

## METHODS OF IMPLEMENTATION AND CONTROL Universal Precautions

☐ All employees will utilize universal precautions.

### Exposure Control Plan

- Employees covered by the blood borne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting Jonathan Santos and/or Brooke Santos
- If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.
- Jonathan Santos and/or Brooke Santos are responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

## Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to blood borne pathogens. The specific engineering controls and work practice controls used are listed below: ***Check all that apply.***

- ✓ Disposable gloves are worn during procedures. Hands are washed any time gloves are changed
- ✓ Sharps containers are located below work surfaces
- ✓ Sharps containers are located so contaminated sharps do not cross over work surfaces
- ✓ Disposable tattoo tube and grip combinations are used
- ✓ Tattoo/piercing needle and bar combinations are not broken after use
- ✓ Disposable razor handles are not broken after use (Creating a sharp)
- ✓ Disposable razors are placed in sharps containers after use.
- ✓ Face shields are used when instruments are cleaned.
- ✓ Goggles and masks are used when instruments are cleaned.
- ✓ Heavy duty gloves are worn when instruments are cleaned.
- ✓ Contaminated equipment is placed in transport containers when it is taken to the bio hazard room.

Oth-  
er: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Sharps disposal containers are inspected and maintained or replaced by Jonathan Santos every week or whenever necessary to prevent overfilling.
- This facility identifies the need for changes in engineering control and work practices through:

Review of OSHA records  
Review of OSHA web site  
Review of industry publications  
Consultant  
Training at safety conference or seminars  
Review of Centers for Disease Control web site and literature  
Health dept suggestions  
Employee suggestions  
Other: \_\_\_\_\_

\_\_\_\_\_

✓ We evaluate new procedures or new products regularly by Review of industry publications  
Internet

✓Health Dept. suggestions

✓Employee suggestions

Other: \_\_\_\_\_

✓Both front line workers and management officials are involved in this process through:

☐Monthly meetings

✓Regularly scheduled meetings

✓Accident reviews

✓Other \_\_\_\_\_

Jonathan Santos and/or Brooke Santos will ensure effective implementation of these recommendations.

### **Personal Protective Equipment (PPE)**

- PPE is provided to our employees at no cost to them.
- Training is provided by Jonathan Santos in the use of the appropriate PPE for the tasks or procedures employees will perform.
- The types of PPE available to employees are as follows:

✓Disposable gloves

✓Full face shield

✓Heavy duty gloves

✓Mask with eye shield attached

✓Disposable aprons

☐Splash barrier

☐Other \_\_\_\_\_

PPE may be obtained through *Jonathan Santos*

- Specify how employees are to obtain PPE, and who is responsible for ensuring that it is available

*PPE can be found in appropriate cabinet stored in original packaging, only with dry goods used in a tattoo procedure.*

- **All employees using PPE must observe the following precautions:**

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.

- Used PPE must be disposed of in appropriate marked bin.  
*Red bin marked with Biohazard label.*
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces;
- Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for decontaminating face shields is as follows: *Face shields are disposable.*

The procedure for decontaminating goggles is as follows: *Goggles are disposable.*

The procedure for decontaminating utility gloves is as follows: *Utility gloves are disposable.*

The procedure for handling used PPE is as follows: *Used PPE should be discarded in red bin appropriately marked for Biohazardous disposal.*

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Housekeeping

- **Regulated waste** is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling **sharps disposal containers** is: *With gloved hands, close the lid of sharps disposal container to prevent spilling the contents. Transport directly to area labeled for storage of biohazardous materials in accordance with local body art regulations until scheduled pickup.*

- The procedure for handling **other regulated waste** is: With gloved hands, tie bag securely and transport directly to bin marked for other regulated waste.
- **Contaminated sharps** are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are located in each procedure area.
- New sharps disposal containers are available in *appropriate cabinet stored only with dry goods used in a tattoo procedure.*

## Soiled Clothing

☐ If an employee's clothing becomes contaminated with blood or other potentially infectious materials the following procedure must be followed to reduce risk of cross contamination.

- Observe Universal Precautions when handling all soiled laundry; If universal precautions are not used when handling all soiled laundry:
  - Potentially contaminated laundry must be placed in color-coded (red) and labeled (biohazard symbol) containers.
- At a minimum, employees shall wear protective gloves, appropriate eye protection, and outer garments when handling contaminated laundry. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment will be used.
- Handle contaminated laundry as little as possible and with minimum agitation.
- Containerize contaminated laundry at the location of use. The container selected must prevent soak-through and/or leakage of fluids to the exterior.
- Contaminated uniforms cannot be taken home for cleaning. Employees should contact Jonathan Santos so that arrangements can be made for laundering.

## Labels

- The following labeling method(s) is used in this facility:
  - ☐ Sharps Containers Color and Label Type: Red with Black/White label
  - ☐ Regulated waste cans in procedure areas Label Type and Color: Red Sticker on Bin with Red bag/black biohazard symbol.
- *Jonathan Santos and/or Brooke Santos* will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility.
- Employees are to notify Jonathan Santos and/or Brooke Santos if they discover regulated waste containers, contaminated equipment, etc. without proper labels.

## HEPATITIS B VACCINATION

Benchmark Tattoos will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan.

Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series,
- Antibody testing reveals that the employee is immune, or
- Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost.

Documentation of refusal of the vaccination is kept in operations binder in front desk.

Vaccination will be provided by:

Minute Clinic  
222 Main Street  
Wilmington, MA 01887

### Other:

Walgreens  
15 Bolton Street  
Reading, MA 01867

Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

## POST-EXPOSURE EVALUATION AND FOLLOW-UP

- Should an exposure incident occur, contact *Winchester Hospital* at the following number: 781-729-9000.
- An immediately available confidential medical evaluation and follow-up will be conducted by Winchester Hospital.
- Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:
  - Document the routes of exposure and how the exposure occurred.
  - Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
  - Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.

- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days;
- If the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

## **ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW- UP**

- Benchmark Tattoos ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.
- Benchmark Tattoos ensures that the health care professional evaluating an employee after an exposure incident receives the following:
  - A description of the employee's job duties relevant to the exposure incident
  - Route of exposure
  - Circumstances of exposure
  - If possible, results of the source individual's blood test
  - Relevant employee medical records, including vaccination status
- Benchmark Tattoos provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

## **PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

- Benchmark Tattoos will review the circumstances of all exposure incidents to determine:
  - Engineering controls in use at the time
  - Work practices followed
  - A description of the device being used (including type and brand)
  - Protective equipment or clothing that was used at the time of the exposure incident
  - Location of the incident
  - Procedure being performed when the incident occurred

- Employee's training
- Benchmark Tattoos will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.
- If it is determined that revisions need to be made, Benchmark Tattoos will ensure that appropriate changes are made to this ECP. *(Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.).*

## **EMPLOYEE TRAINING**

- All employees who have occupational exposure to blood borne pathogens receive training conducted by an OSHA approved blood borne pathogens course.
- All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases.
- The training program covers, at a minimum, the following elements:
  - A copy and explanation of the standard.
  - An explanation of our ECP and how to obtain a copy.
  - An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
  - An explanation of the use and limitations of engineering controls, work practices, and PPE.
  - An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
  - An explanation of the basis for PPE selection.
  - information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
  - Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
  - An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
  - Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.



- An explanation of the signs and labels and/or color coding required by the standard and used at this facility.
- An opportunity for interactive questions and answers with the person conducting the training session.
- Training materials for this facility are available in operations binder at the front desk.

## **RECORDKEEPING**

### **Training Records**

- Training records are completed for each employee upon completion of training.
- These documents will be kept for at least **three years** in operations binder at the front desk.
- The training records include:
  - The dates of the training sessions
  - The contents or a summary of the training sessions
  - The names and qualifications of persons conducting the training
  - The names and job titles of all persons attending the training sessions
- Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to Jonathan Santos and/or Brooke Santos.

### **Medical Records**

- Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
- Benchmark Tattoos is responsible for maintenance of the required medical records.
- These **confidential** records are kept in off-site secured storage, for at least the **duration of employment plus 30 years**.
- Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Jonathan Santos 235 Haven St. Reading, Ma. 01867.

### **OSHA Recordkeeping**

☐ An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Benchmark Tattoos.

**Sharps Injury Log** (In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log.

- All reports of incidences must include at least:

- The date of the injury
  - The type and brand of the device involved
  - The department or work area where the incident occurred
  - An explanation of how the incident occurred.
- This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover.
  - If a copy is requested by anyone, it must have any personal identifiers removed from the report.

**HEPATITIS B VACCINE DECLINATION (MANDATORY for each employee to complete)**

I understand that due to my occupational exposure to blood or other potentially infectious materials

I may be at risk of acquiring hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time.

I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (*Employee Name*) \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

# BENCHMARK TATTOOS

## Exposure Incident Report

A copy of the consent form completed by client involved, a copy of body art practitioner license, and a copy of any medical history released to body art establishment/practitioner must be attached to this form.

Report Date: \_\_\_\_\_

Employee Full Name: \_\_\_\_\_ Employee Primary Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Please provide a description of the exposed employee's duties as they relate to the exposure incident (attach additional information, if necessary.):

### **Incident: Mark in each column, as appropriate**

Exposure:

Injury Type/Exposure Route:

Body Part

Injured:

☐ Blood

☐ Abrasion

☐ Finger

☐ Other Body Fluids

☐ Laceration

☐ Hand

Specify: \_\_\_\_\_

☐ Puncture

☐ Arm

Was blood seen in body fluid?

☐ Mucous Membrane

☐ Eye

Yes \_\_\_\_ No \_\_\_\_

☐ Human Bite

☐ Other: \_\_\_\_\_

☐ Infectious Material

☐ Other \_\_\_\_\_

Specify: \_\_\_\_\_

☐ Other \_\_\_\_\_

*Description of Incident (please provide an explanation of the route(s) of exposure and the circumstances under which the exposure incident occurred):*

*Protective equipment in use at time of incident:*

☐ Gloves

☐ Protective Sleeves

☐ Goggles

☐ Face Mask/shield

☐ Gown

*Referred to:* \_\_\_\_\_

☐ No Medical Treatment sought

☐ Emergency Treatment Center

OOE Policy # 31, "Universal Precautions, Infection Control and Post-Exposure Management":

\_\_\_ All staff are trained and familiar with policy. - or - Number of staff not currently trained: \_\_\_

*Engineering controls in place at the time of the exposure incident:*

The term "engineering controls" includes all control measures that isolate or remove a hazard from the workplace, encompassing not only sharps with engineered sharps injury protections and needleless systems but also other medical devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens. Examples include blunt suture needles and plastic or mylar-wrapped glass capillary tubes, as well as controls that are not medical devices, such as sharps disposal containers and biosafety cabinets.

*The work practices and protective equipment or clothing used at the time of the exposure incident:*

*Notation of any “failures to control” at the time of the exposure incident:*

*What changes need to be made to prevent reoccurrence?*

Report prepared by:\_\_\_\_\_

\_\_\_\_\_  
Date

Position:\_\_\_\_\_

## PROCEDURES FOR DECONTAMINATING AND DISINFECTING ENVIRONMENTAL SURFACES

Describe the procedures for decontaminating and disinfecting environmental surfaces. Identify items that are to be disinfected, disinfectant to be used, and the frequency.

| Environmental Surface   | Type of EPA-registered disinfectant used | Procedure/Frequency |
|---|--|---------------------|
| Workstation surfaces/countertops                                      | Opti-Cide-3<br>Surface Disinfectant      |                     |
| Workstation chairs/stools   | Opti-Cide-3<br>Surface Disinfectant      |                     |
| Trays   | Opti-Cide-3<br>Surface Disinfectant      |                     |
| Surfaces (including armrests/headrests) of procedure chairs or tables | Opti-Cide-3<br>Surface Disinfectant      |                     |
| Procedure area  | Opti-Cide-3<br>Surface Disinfectant      |                     |
| Portable light fixtures   | Opti-Cide-3<br>Surface Disinfectant      |                     |
| Tattoo machine and clip cord  | Opti-Cide-3<br>Surface Disinfectant      |                     |
| Permanent cosmetic machine  |  |                     |
| Other   | Opti-Cide-3<br>Surface Disinfectant      |                     |

**PROCEDURES FOR PROTECTING CLEAN INSTRUMENTS AND  
STERILE INSTRUMENTS FROM CONTAMINATION DURING STORAGE**

|                                     |
|-------------------------------------|
| <b>STORAGE OF CLEAN INSTRUMENTS</b> |
|                                     |

**STANDARD PRECAUTIONS AND ASEPTIC TECHNIQUES  
UTILIZED DURING ALL BODY ART PROCEDURES**

Persons performing body art procedures shall observe standard precautions for preventing transmission of blood borne and other infectious diseases in accordance with OAC 3701-9-4(S) which requires the following:

1. Sterile instruments and aseptic techniques shall be used at all times during a procedure;
2. Hand washing shall be performed before and after each procedure. Fingernails shall be kept short and clean;
3. Clean, previously unused gloves shall be worn throughout the entire procedure, including setup and tear down. If the gloves are pierced, or torn, or if they become otherwise contaminated or compromised, hand washing shall be performed and a new pair shall be put on immediately. If the body artist leaves the area during the procedure, gloves shall be removed before leaving, hand washing shall be performed and a new pair of gloves shall be put on when returning. Under no circumstances shall a single pair of gloves be used on more than one patron;
4. Only sterilized, single use, disposable needles shall be used on a patron. All used needles and associated needle bars shall be properly disposed of immediately after the procedure;
5. If shaving is necessary, single use disposable razors shall be used. Used razors shall be properly disposed of in an appropriate sharps container;
6. All marking instruments shall be single use or be manufactured to sterilize by design;
7. All products used to address the flow of blood or to absorb blood shall be single use and disposed of properly. No individual performing a body art procedure shall use styptic pencils, alum blocks or other solid styptics to address the flow of blood;
8. After any body art service and prior to the next, all procedure areas shall be cleaned and disinfected with an approved disinfectant;
9. All soaps, inks, dyes, pigments, ointments, and other products shall be dispensed and applied using an aseptic technique and in a manner to prevent contamination of the original container and its contents. Applicators shall be single use and disposed of properly;
10. Any equipment intended for use that is not single use shall be disinfected and sterilized between patrons. Equipment that cannot be sterilized shall be disinfected between use; and
11. All body artists shall follow appropriate hand washing techniques and wear gloves when involved in cleaning, disinfecting and sterilization procedures.



## PERSONAL HYGIENE

Describe when hand washing is required in your facility:

Describe what personal protective equipment will be worn while performing body art procedures:

Describe when changing of gloves is required in your facility:

## PREVENTION OF CROSS CONTAMINATION

Describe the techniques used to prevent the contamination of instruments, tattoo machines, trays, tables, chairs, clip cords, power supplies, squeeze bottles, inks, pigments, lamps, stools, soaps, procedure sites and additional areas of potential contamination during body art procedure:

Describe type of barriers (films, wraps, absorbent pads, paper towels, bibs, wax paper, aluminum foil, etc) will be used to protect the above instruments or equipment:

## SETUP PROCEDURES

Describe the **set up** procedures for the stations for the following procedures:

Tattoo:

Piercing:

Permanent Makeup:

## TEAR DOWN PROCEDURES

Describe the ***tear down*** procedures for the stations for the following procedures:

Tattoo:

Piercing:

Permanent Makeup:

## PROCEDURES FOR SAFE HANDLING AND DISPOSAL OF SHARPS WASTE

The sharps waste container shall be labeled with the words “sharps waste” or with the international biohazard symbol and the word “BIOHAZARD”. Each procedure area and decontamination/sterilization area shall have a container for the disposal of sharps waste.

Sharps waste containers must be easily accessible to the practitioner.

### SAFE HANDLING AND DISPOSAL FOR SHARPS

Describe the procedures used for the safe handling of sharps:

Describe the disposal of sharps used during a body art procedure for the following instruments:

Needles and needle bars:

Razors:

Other sharps or single-use marking pens:

List the name and contact information of medical waste hauler used for the disposal of sharps containers:

### AFTERCARE PROCEDURES

#### AFTERCARE PROCEDURES

Please describe (or attach) the written recommendation and care information provided to the client after a body art procedure:

Info is attached ☐

BenchMark Tattoos  
Injury/complication report

Client Name: \_\_\_\_\_

Body art establishment: \_\_\_\_\_

Establishment address: \_\_\_\_\_

Nature of injury, infection complication or disease:

\_\_\_\_\_

Name and address of client's health care provider:

\_\_\_\_\_

Additional information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Today's Date \*



Month   Day   Year

## What brings you in?

Appointment

Walk-in

## Full Name \*

First Name

Last Name

## Address \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Phone Number \*

Area Code

Phone Number

## What is your Email?

## What's your Instagram?

## Who is your artist? \*

## Please describe the tattoo the best you can. \*

**Location on body? \***

**How did you hear about us?**

Google search

Instagram

Friend/Family

In the area

Other

**May we contact you via phone?**

Yes

No

Text preferred

**Do you feel well today? \***

Yes

No

**I do not suffer from any of the following conditions: Diabetes, epilepsy, hemophilia, a heart condition, nor do I take blood-thinning medication. I do not have a history of diabetes; hemophilia (bleeding); history of skin diseases, skin lesions, or skin sensitivities to soaps, disinfectants etc; history of allergies or adverse reactions to pigments, dyes or other sensitivities; history of epilepsy, seizures, fainting or narcolepsy; a history if use of medications such as anticoagulants which thin blood and interfere with clotting; or any other conditions such as hepatitis or HIV. I do not have any other medical conditions or skin conditions that may interfere with the application or healing of the tattoo. I am not the recipient of an organ or bone marrow transplant, or if, I am, have taken the prescribed preventative regimen of antibiotics that is required by my physician in advance of this tattoo. I am not pregnant or nursing. I do not have a mental impairment that may affect my judgement in getting the tattoo. \***

I DO NOT suffer from a condition.

I DO suffer from a condition.

\*

I AM NOT under the influence of alcohol or drugs, and I am voluntarily submitting to be tattooed by the Artist and BENCHMARK TATTOOS LLC without duress or coercion.

\*

CLIENTS MUST ATTEND APPOINTMENT ALONE to limit the number of person to person exposure.

\*

I UNDERSTAND that a tattoo is a permanent change to my appearance and can only be removed by laser or surgical means, which can be disfiguring and/or costly and which in all likelihood will not result in the restoration of my skin to its exact appearance before being tattooed.

\*

I UNDERSTAND that variations in color and design may exist between the tattoo art I have selected and the actual tattoo when it is applied to my body. I also understand that over time, the color and the clarity of my tattoo will fade due to unprotected exposure to the sun and naturally occurring dispersion of the pigment under the skin.

\*

THE ARTIST AND BENCHMARK TATTOOS LLC have given me instructions on the care of my tattoo while it's healing; and I understand them and will follow them explicitly. I acknowledge that it is possible that the tattoo can become infected, particularly if I do not follow the instructions given to me. If any touchup work to the tattoo is needed due to my own negligence, I agree that the work will be done at my own expense.

\*

I AGREE that I have been fully informed of the inherent risks associated with getting a tattoo. I fully understand that these risks, known and unknown, can lead to injury, including but not limited to, infection, scarring, difficulties in detecting melanoma, allergic reactions to tattoo pigment, latex gloves, and/or soap. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with the tattoo application and I freely accept and expressly assume any and all risks that may arise from tattooing.

\*

I ACKNOWLEDGE that both the Artist and BENCHMARK TATTOOS LLC have given me the full opportunity to ask any and all questions about the application of my tattoo and all of my questions have been answered to my total satisfaction.

\*

I AGREE to reimburse each of the Artists and BENCHMARK TATTOOS LLC for any attorneys' fees and costs incurred in any legal action I bring against either the Artist or BENCHMARK TATTOOS LLC and in

\*

TO WAIVE AND RELEASE to the fullest extent permitted by Massachusetts Law each of the artists, owners, corporate officers, employees, apprentices, assignees, independent contractors, and successors, and BENCHMARK TATTOOS LLC from any and all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors or assignees may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the application of my tattoo, whether caused by the negligence or fault of either the artist or BENCHMARK TATTOOS LLC.



# Benchmark Tattoos

1340 Massachusetts Ave.  
Arlington, Ma 02476

## Body Piercing After Care

### CLEANING INSTRUCTIONS FOR BODY PIERCINGS

- **WASH** your hands thoroughly prior to cleaning or touching your piercing for any reason.
- **SALINE** rinse as needed during healing. For certain placements it may be easier to apply using clean gauze saturated with saline solution. A brief rinse afterward will remove any residue.
- **RINSE** thoroughly to remove all traces of the soap from the piercing. It is not necessary to rotate the jewelry through the piercing.
- **DRY** by gently patting with clean, disposable paper products because cloth towels can harbor bacteria and snag on jewelry, causing injury.

### WHAT IS NORMAL?

- During healing: some discoloration, itching, secretion of a whitish-yellow fluid (not pus) that will form some crust on the jewelry. The tissue may tighten around the jewelry as it heals.
- Once healed: the jewelry may not move freely in the piercing; do not force it. If you fail to include cleaning your piercing as part of your daily hygiene routine, normal but smelly bodily secretions may accumulate.
- A piercing may seem healed before the healing process is complete. This is because tissue heals from the outside in, and although it feels

fine, the interior remains fragile. Be patient, and keep cleaning throughout the entire healing period.

- Even healed piercings can shrink or close in minutes after having been there for years! This varies from person to person; if you like your piercing, keep jewelry in—do not leave it empty.

## **Do's:**

- Wash your hands prior to touching the piercing; leave it alone except when cleaning. During healing it is not necessary to rotate your jewelry
- Exercise during healing is fine; listen to your body.
- Make sure your bedding is washed and changed regularly. Wear clean, comfortable, breathable clothing that protects your piercing while you are sleeping.
- Showers tend to be safer than taking baths, as bathtubs can harbor bacteria. If you bathe in a tub, clean it well before each use and rinse off your piercing when you get out.
- consult a health care provider for: (a) unexpected redness, tenderness or swelling at the site of the body art procedure; (b) any rash; (c) unexpected drainage at or from the site of the body art procedure; or (d) a fever within 48 hours of the body art procedure

## **Don'ts:**

- Avoid cleaning with alcohol, hydrogen peroxide, antibacterial soaps, iodine, or any harsh products, as these can damage cells. Also avoid ointments as they prevent necessary air circulation.
- Avoid Bactine®, pierced ear care solutions, and other products containing Benzalkonium Chloride (BZK). These can be irritating and are not intended for long-term wound care.

- Avoid over-cleaning. This can delay your healing and irritate your piercing. • Avoid undue trauma such as friction from clothing, excessive motion of the area, playing with the jewelry, and vigorous cleaning. These activities can cause the formation of unsightly and uncomfortable scar tissue, migration, prolonged healing, and other complications.
- Avoid all oral contact, rough play, and contact with others 'bodily fluids on or near your piercing during healing.
- Avoid stress and recreational drug use, including excessive caffeine, nicotine, and alcohol.
- Avoid submerging the piercing in unhygienic bodies of water such as lakes, pools, hot tubs, etc. Or, protect your piercing using a waterproof wound sealant bandage. These are available at most drugstores and work best for nipple, navel, and surface piercing placements.
- Avoid all beauty and personal care products on or around the piercing including cosmetics, lotions, and sprays, etc.
- Don't hang charms or any object from your jewelry until the piercing is fully healed. • Sleeping directly on a healing cartilage piercing can cause irritation, even causing shifts in the piercing's angle. Placing a travel pillow, on top of your pillow, and then placing your ear in the opening can be helpful to avoid this

## **Benchmark Tattoos**

1340 Massachusetts ave.  
Arlington, Ma 02476

We are a professional tattoo studio that always uses sterilized instruments and pigments.  
Remove bandage after a minimum of two hours.

If bandage sticks to the tattoo, wet the area with lukewarm water and slide the bandage off.

1. Wash the area gently with mild soap and water, using clean hands and making sure to remove all excess ointment, blood and ink. Pat dry with a clean towel. **DO NOT SCRUB.**
2. Apply a **VERY THIN LAYER** of or fragrance-free hand lotion 2-3 times a day for 7 days.
3. Apply Griffin Salve or apply fragrance-free hand lotion until the tattoo settles into the skin (approx. 3 weeks).
4. **NO SUN, NO SWIMMING or SOAKING** for 2 weeks.
5. **NO SCRATCHING OR PICKING YOUR TATTOO.**

## **How to Take Care of Your New Tattoo**

Congratulations on your new tattoo! By following these simple instructions, the healing process should be quick and easy.

### **First Day/Night**

Keep the bandage on for a minimum of 6 hours. We recommend keeping it on overnight provided the dressing feels comfortable and secure. If you decide to remove the bandage before going to sleep, follow the instructions in the next section to properly remove the bandage and clean your tattoo.

On your first night, there's a chance your tattoo will still bleed. The blood can dry overnight and stick to your clothes or bedding. If this happens, gently take the fabric off. **DO NOT** force it off or be rough with it. If it still does not come off, wet the area with lukewarm water and gently slide it off.

Fresh tattoos sometimes "weep" during the first couple of days, meaning that plasma and ink form a thin moist coating on the skin. This can be **DABBED** with a clean paper towel. Press the paper towel to the skin and remove. Do not wipe the tattoo or be rough with it. Do not panic when you see the colors of the tattoo on the paper towel, or on your hands as you clean it. This is simply excess ink being secreted from the surface or the skin. To avoid stains, use towels and bedsheets with darker tones and wear dark clothing.

### **Taking off the Bandage and Cleaning Your Tattoo**

Before you start, make sure your hands are clean and you have unscented antibacterial soap ready. Avoid soap with fragrance, moisture beads or scrubs.

1. Carefully remove the bandage and tape. If you feel the bandage sticking to the tattoo, wet it with lukewarm water and gently slide it off.
2. Make a lather in your hands with soap and warm water. **NO** washcloths, bath towels, or sponges on a fresh tattoo.
3. Gently clean the tattoo using a circular motion until all ointment and plasma are removed.
4. Rinse the tattoo gently until the skin is clean.

5. Pat dry with a clean towel or paper towel then allow to fully air dry for a minimum of 10 minutes. DO NOT SCRUB.
6. Once the tattoo is dry, apply a very small amount of Fragrance-free hand lotion. Gently rub the ointment into your tattoo. Dab any excess off with a clean paper towel.

Applying too much ointment can cause your tattoo to “suffocate.” Apply only a very thin coat so your tattoo can breathe. Clean your tattoo this way once a day in the shower for the first 2-3 days.

There is no need to re-bandage the tattoo, but please be mindful that your tattoo is a wound and when unwrapped, it is prone to dirt and bacteria which may cause infection. Avoid direct contact with any surface.

### **Your Daily Tattoo Aftercare Routine**

Fragrance-free hand lotion 2-3 times a day (Remember, keep it light!) for the first 5-7 days or until your tattoo starts to flake/peel like a sunburn. Continue use of Fragrance-free hand lotion an additional 2 weeks.

### **Your tattoo should be completely healed within 2-4 weeks.**

If you have extremely sensitive skin, the lotion may cause breakouts. If this happens, just reduce the number of your daily lotion application.

After the first few days, your tattoo may become itchy or begin to form flaky scabs. They will fall off on their own, DO NOT PICK OR SCRATCH AT YOUR TATTOO. Doing so can cause some of the pigment to disappear, and your tattoo may not heal properly. Keep it moisturized and the scabs will eventually dissipate.

### **Important Dos and Don'ts**

Clean towels, bedding and clothes are highly recommended during the healing process. Showering is fine, however, please DO NOT soak your tattoo for at least 2 weeks. This means no swimming, baths or submerging your tattoo in water for long periods of time.

Avoid direct sunlight on your tattoo for at least 2 weeks and your tattoo is completely healed. After that, we advise putting on a sunblock (minimum SPF 50) on your tattoo whenever you find yourself in direct sunlight for the rest of your life. The sun will undoubtedly cause damage and compromise the longevity of your tattoo. Wear loose clothing (preferably cotton) and avoid constricting accessories like bra straps and tight waistbands over a fresh tattoo. Avoid dirty, sweaty or itchy clothing as they can create healing problems.

**Please contact a health care provider for: (a) unexpected redness, tenderness or swelling at the site of the body art procedure; (b) any rash; (c) unexpected drainage at or from the site of the body art procedure; or (d) a fever within 48 hours of the body art procedure**



**Town of Arlington**  
**Department of Health and Human Services**  
**Office of the Board of Health**  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**Memo**

To: Board of Health Members  
From: Annette Curbow, Health Compliance Officer  
Date: August 6, 2021  
RE: Body Art Practitioner Permit – Jonathan Santos

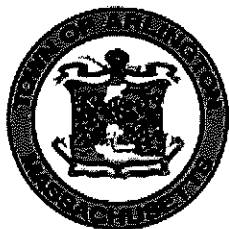
---

Jonathan Santos an Application for a Body Art Practitioner Permit on August 9, 2021 for Benchmark Tattoos. This application is for a permit to practice at Benchmark Tattoos at 1340 Massachusetts Ave. The permit sought is for tattoo. The application was reviewed in accordance with the Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners. Upon initial review, it appears that the application was complete, insofar as it contains the required elements.

Jonathan Santos is the current owner of Benchmark Tattoos in Reading, where he holds a current Body Art Practitioner License. He also has recent experience ast Boston Tattoo in Medford.

Included in this packet are the following materials for the Practitioner Appliction.

1. Body Art Practitioner Application
2. Drivers License
3. Work History
4. Hepatitis B Vaccination Infomation
5. Current Certificate for Bloodborne Pathogen Training Program
6. Current CPR and First Aid Certificate
7. Completion of an Anatomy and Physiology course
8. Evidence indicating two years of actual experience



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**APPLICATION FOR A BODY ART PRACTITIONER PERMIT**

*Practitioner Information:*

Your Name Jonathan Santos Home Telephone (781) 570-1731  
Home Address 527 Bedford St. Lexington, MA 02420  
Mailing Address \_\_\_\_\_  
*If different from home address*  
Social Security # 038-56-6907 Date of Birth 04-25-1987

*Establishment Information:*

Name of Establishment Where You Practice Benchmark Tattoos  
Address 1340 Massachusetts Ave Telephone (781) 872-1537  
Hours You Operate Tues-Sunday 11am-7pm Manager's Name Jonathan Santos

Please submit the following information:

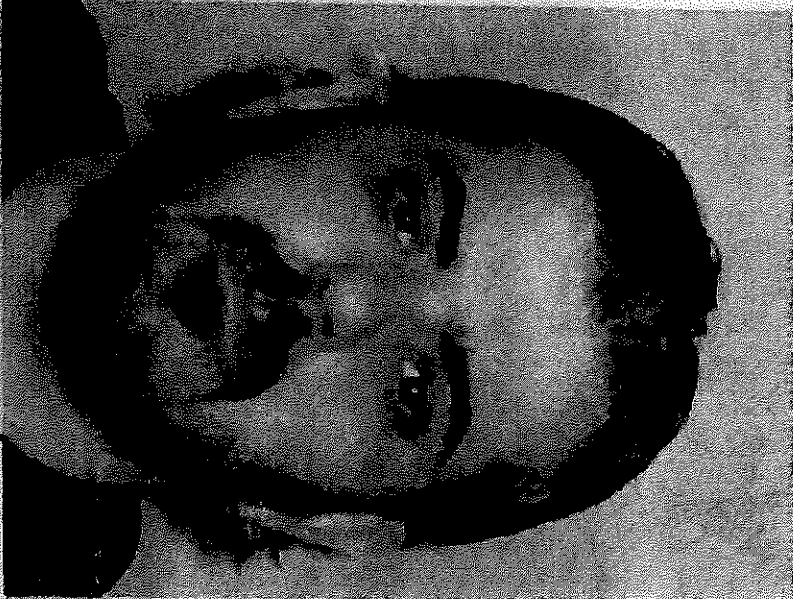
- 1.) Two forms of positive picture identification
- 2.) \$200.00 fee made payable to the Town of Arlington
- 3.) Documentation of training and experience as required in section 12.G (2) of  
**Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.**

*I have received, read, understood and agree to follow all rules and regulations specified in the **Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.***

Sign \_\_\_\_\_

Date 8/9/21

**DRIVER LICENSE**



*Jonathan Santos*



**NOT FOR FEDERAL IDENTIFICATION**

DL NO. **140162329** DOB **04/25/1987**

EXP **01/16/2028** ISS **01/16/2020**

CLASS **DM** END **NONE**

REST **NONE**

SEX **M** HGT **5'-05"** EYES **BRO**

DD **9912004160933877**

**SANTOS**

**JONATHAN MICHEAL**

**153 CAPP'S LN**

**ERIN, TN 37061**



## **Artist Work History**

**Jonathan Santos**

527 Bedford St

Lexington, Ma 02420

781-570-1731

2009-2011 (Formal Apprenticeship) (closed)

Chrome Lotus

Orlando, Florida

2011- 2015 (closed)

Legacy Tattoos

Brandon, Florida

2015 -2018

Hawks Electric Tattoos

Tampa, Florida

2018 - 2020

Boston Tattoo Company

Cambridge/Medford, Ma

2020 - 2021 (Owner)

Benchmark Tattoos

Reading, Ma

**HEPATITIS B VACCINE DECLINATION (MANDATORY for each employee to complete)**


I understand that due to my occupational exposure to blood or other potentially infectious materials

I may be at risk of acquiring hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time.

I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (Employee Name)   
Printed Name: Jonathan Santos  
Date: 9/1/21

# Certificate of Completion

*This is to certify that*

**JONATHAN SANTOS**

*has successfully completed an approved online training in*

**BLOODBORNE PATHOGENS AND INFECTION CONTROL FOR TATTOO ARTISTS, BODY PIERCERS,  
PERMANENT MAKE-UP, MICROBLADING, AND MICROPIGMENTATION PROFESSIONALS**

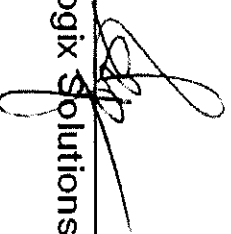
*In accordance with the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030*

Course Completion Date: **August 6, 2021**  
(Expires 1 year from the date issued)

Contact Hours: **3**

**Approved by Major States and City Health Departments:** Alabama Department of Health, Alaska Board of Barbers and Hairdressers, California Counties (major counties), Denver Department of Health, South Carolina Department of Health and Environmental Control, Iowa Department of Health, Louisiana Department of Health – Food and Drug Unit, Minnesota Department of Health, Washington State Dept. of Licensing, Oregon Health Licensing Agency (2011-6T), Philadelphia Department of Health, Hawaii State Department of Health and many more. Please visit <https://blxtraining.com/accreditations/> for full list of approvals.

Certificate: 610DE2A1E0F0C

  
Biologix Solutions LLC



P. O. Box 9219, Naperville, IL 60567  
[www.blxtraining.com](http://www.blxtraining.com) | [admin@blxtraining.com](mailto:admin@blxtraining.com)



**ProCPR®**  
By ProTrainings

ProTrainings hereby certifies that  
**Jonathan Santos**

has successfully completed the education in

**Healthcare Provider (BLS) Adult, Child and Infant CPR/AED**

This Certification includes the following objectives and is consistent with national consensus 2015 ECC/ILCOR and American Heart Association® Guidelines.

- AED
- 2 Person CPR
- Bag Valve Mask
- Bleeding Control
- Adult, Child, Infant CPR (Health Care Provider)
- Choking, Conscious and Unconscious
- Shock Management
- Heart Attack and Stroke
- Breathing Emergency
- Universal Precautions

INSTRUCTOR  
**ROY W. SHAW #100**

CERTIFICATE NUMBER  
**159512894834593**

DATE ISSUED  
**18 Jul 2020**

RENEW BY  
**18 Jul 2022**



ProCPR®  
By ProTrainings

ProTrainings hereby certifies that

**Jonathan Santos**

has successfully completed the education in

**First Aid Only**

This Certification includes the following objectives and is consistent with national consensus 2015 ECC/ILCOR and American Heart Association® Guidelines.

- Heart Attack
- Stroke
- Bleeding Control
- Shock
- Musculoskeletal Injuries
- Poisoning
- Conscious Choking
- Eye Injuries
- Injury Prevention
- Universal Precautions
- Diabetic Emergencies
- Head, Neck, and Back Injuries
- Burns
- Bites and Stings
- Allergic Reactions
- Seizures
- Heat and Cold Emergencies

INSTRUCTOR  
ROY W. SHAW #100

CERTIFICATE NUMBER  
159555830234593

DATE ISSUED  
23 Jul 2020

RENEW BY  
23 Jul 2022

# CERTIFICATE OF COMPLETION

Jonathan Santos

has successfully completed

Fundamentals of Anatomy and Physiology

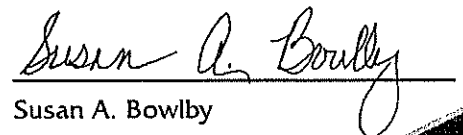
June 7, 2018

Wilmington, Delaware

9.5 Continuing Education Units



Wilma Yu, RN, BSN, MS, CEN  
Nurse Planner



Susan A. Bowlby  
President

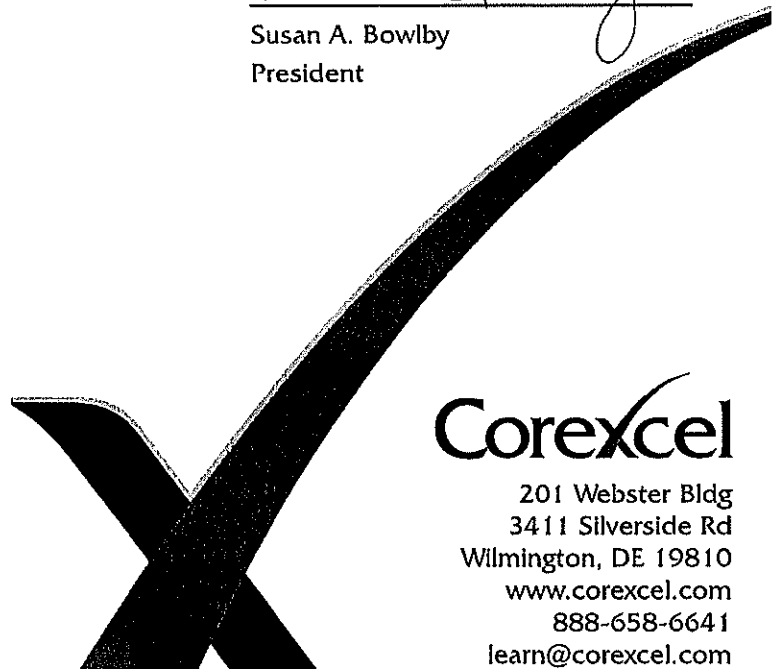


Corexcel is accredited as a Provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation.



Corexcel is accredited by the International Association for Continuing Education and Training (IACET) and is authorized to issue the IACET CEU.

ANCC Accredited Provider #P0066  
CET Accredited Provider #1000795  
California Board of Nursing Provider #CEP 13687  
District of Columbia Provider #50-452  
Florida Board of Nursing Provider #50-452  
Georgia Board of Nursing Provider #50-452



Corexcel

201 Webster Bldg  
3411 Silverside Rd  
Wilmington, DE 19810  
www.corexcel.com  
888-658-6641  
learn@corexcel.com



**Commonwealth of Massachusetts  
Town of Reading**

Board of Health  
16 Lowell Street Ph: (781) 942-9061 Fax: (781) 942-9071



**BODY ART HEALTH LICENSE**

|                                   |
|-----------------------------------|
| Permit #<br>BA-21-2               |
| Date of Print<br>January 20, 2021 |
| Permit Issued<br>January 20, 2021 |
| Permit Expires                    |
| Permit Fee<br>100                 |

License For: Body Art - Piercer/Tattoo Artist

Granted To: Jonathan Santos

Address: 235 HAVEN STREET Reading MA 01867

Location of  
Establishment: 235 HAVEN STREET

Restrictions:

Notes:

This permit or license is granted in conformity with the statuses and ordinances relating thereto, and expires on , unless sooner revoked or suspended.

BOARD OF HEALTH

By: Laura Vlasuk, Health Agent



**Commonwealth of Massachusetts**  
**Town of Reading**  
 Board of Health

16 Lowell Street Ph: (781) 942-9061 Fax: (781) 942-9071



**BODY ART HEALTH LICENSE**

|  |
|--|
| Permit #<br><b>BA-20-2</b>             |
| Date of Print<br><b>August 4, 2020</b> |
| Permit Issued<br><b>August 4, 2020</b> |
| Permit Expires                         |
| Permit Fee<br><b>100</b>               |

License For: Body Art - Piercer/Tattoo Artist

Granted To: Jonathan Santos

Address: 235 HAVEN STREET Reading MA 01867

Location of Establishment: 235 HAVEN STREET

Restrictions:

Notes:

8/4/2020



**Commonwealth of Massachusetts**  
**Town of Reading**  
 Board of Health

16 Lowell Street Ph: (781) 942-9061 Fax: (781) 942-9071



**BODY ART HEALTH LICENSE**

|  |
|--|
| Permit #<br><b>BA-20-1</b>             |
| Date of Print<br><b>August 4, 2020</b> |
| Permit Issued<br><b>August 4, 2020</b> |
| Permit Expires                         |
| Permit Fee<br><b>1500</b>              |

License For: Body Art - Annual Establishment

Granted To: Jonathan Santos

Address: 235 HAVEN STREET Reading MA 01867

Location of Establishment: 235 HAVEN STREET

Restrictions:

Notes:



Permit Number: 1274

Fees: \$150.00



Must be visibly displayed at all times

**The Commonwealth of Massachusetts  
CITY OF MEDFORD  
BOARD OF HEALTH**

**PERMIT TO PRACTICE BODY ART  
TATTOO**

is issued to: Jonathan Santos - Boston Tattoo

located at: 567 FELLSSWAY, Medford, MA 02155

in the City of Medford, County of Middlesex, in the Commonwealth of Massachusetts.

This license is granted in conformity with the Statutes, Ordinances and Medford Board of Health regulations. This permit is not transferable. The level of compliance is to be maintained at all times.

01/01/2020  
Date Permit Issued

A handwritten signature in cursive script, reading "MaryAnn O'Connor".

MaryAnn O'Connor, Director of Public Health

12/31/2020  
Date of Permit Expiration  
(unless suspended or revoked)

Permit Number: 19-BAP 41

Fees: \$150.00



Must be visibly displayed at all times

**The Commonwealth of Massachusetts  
CITY OF MEDFORD  
BOARD OF HEALTH**

**PERMIT TO PRACTICE BODY ART**

is issued to Jonathan Santos (Tattoo)

located at 567 Fellsway (Boston Tattoo Co.) in the City of

Medford, County of Middlesex, in the Commonwealth of Massachusetts.

This license is granted in conformity with the Statutes, ordinances and Medford Board of Health regulations. This permit is not transferable. The level of compliance is to be maintained at all times.

April 30, 2019  
Date Permit Issued

December 31, 2019  
Date of Permit Expiration  
(unless suspended or revoked)

MaryAnn O'Connor, Director of Public Health



**Town of Arlington**  
**Department of Health and Human Services**  
**Office of the Board of Health**  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**Memo**

To: Board of Health Members  
From: Annette Curbow, Health Compliance Officer  
Date: August 6, 2021  
RE: Body Art Practitioner Permit – Brooke Santos

---

Brook Santos an Application for a Body Art Practitioner Permit on August 9, 2021 for Benchmark Tattoos. This application is for a permit to practice at Benchmark Tattoos at 1340 Massachusetts Ave. This application is sought to practice body piercing. The application was reviewed in accordance with the Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners. Upon initial review, it appears that the application was complete, insofar as it contains the required elements.

Brooke Santos has previous experience as a body piercer in the State of Florida. At the time of her practice, the State of Florida regulated body art and required all practitioners to partake in a Annual Class.

Included in this packet are the following materials for the Practitioner Application.

1. Body Art Practitioner Application
2. Work History
3. Hepatitis B Vaccination Information
4. Drivers License
5. Current Certificate for Bloodborne Pathogen Training Program
6. Current CPR and First Aid Certificate
7. Completion of an Anatomy and Physiology course
8. Evidence indicating two years of actual experience



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**APPLICATION FOR A BODY ART PRACTITIONER PERMIT**

*Practitioner Information:*

Your Name Brooke Santos Home Telephone (781) 570-1394  
Home Address 527 Bedford St. Lexington, MA 02420  
Mailing Address \_\_\_\_\_  
*If different from home address*  
Social Security # 267-97-8044 Date of Birth 06-15-1980

*Establishment Information:*

Name of Establishment Where You Practice Benchmark Tattoos  
Address 1340 Massachusetts Ave. Telephone (781) 872-1537  
Hours You Operate Tues-Sun 11am-7pm Manager's Name Jonathan Santos

Please submit the following information:

- 1.) Two forms of positive picture identification
- 2.) \$200.00 fee made payable to the Town of Arlington
- 3.) Documentation of training and experience as required in section 12.G (2) of **Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.**

*I have received, read, understood and agree to follow all rules and regulations specified in the **Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.***

Sign \_\_\_\_\_

Date 08-09-2021

## Piercer Work History

**Brooke Santos**

527 Bedford St

Lexington, Ma 02420

781-570-1394

2009-2011 (Closed)

Chrome Lotus

Orlando, Florida

2011- 2013 (Closed)

Legacy Tattoos

Brandon, Florida

2020 - 2021 (Owner/Manager)

Benchmark Tattoos

Reading, Ma

**HEPATITIS B VACCINE DECLINATION (MANDATORY for each employee to complete)**


I understand that due to my occupational exposure to blood or other potentially infectious materials

I may be at risk of acquiring hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time.

I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease.



If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (Employee Name) 

Printed Name: Brooke Santos

Date: 8/11/24

**MASSACHUSETTS** DRIVER'S LICENSE  
NOT FOR FEDERAL ID



12/31/2018  
06/15/2023  
CLASS 12 REST B

ID NUMBER: SA0540332  
DOB: 06/15/1980  
9a END: NONE

1 SANTOS  
2 BROOKE RYAN  
56 FOUNTAIN ST  
MEDFORD, MA 02155-2664

*Brooke Santos*

10 EYES: BRO  
15 SEX: F 16 HGT: 5'-06"  
5 DD: 01/10/2019 Rev 02/22/2016

06/15/80

**Florida** The Sunshine State  
DRIVER LICENSE CLASS E  
L420-076-80-715-0



BROOKE RYAN  
LAWLESS  
1108 BLUE SKY PL  
DOVER, FL 33527-5791  
DOB: 06-15-1980 SEX: F  
EXPIRED: 07-01-2006 HGT: 5'-06"  
WEIGHT: 110 LBS EYES: BRO

*Brooke Lawless*

REPLACED 07-02-2016

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

# Certificate of Completion



*This is to certify that*

**BROOKE SANTOS**

*has successfully completed an approved online educational activity in*  
**BLOODBORNE PATHOGENS & INFECTION CONTROL**  
**FOR BODY PIERCERS (ANNUAL REFRESHER COURSE)**  
*in accordance with the Chapter 64E-19, F.A.C.*

**Contact Hours : 3**

**Date of Completion: July 31, 2021**

**(Expires 1 year from the date of completion)**

**Certificate: 610580B92E798**

Biologix Solutions LLC



P. O. Box 9219, Naperville, IL 60567  
[www.bixtraining.com](http://www.bixtraining.com) | [admin@bixtraining.com](mailto:admin@bixtraining.com)

**This Certificate is ONLY valid if you have initial completion certificate.**

**Course Approval:** This annual refresher training course is approved by the Florida Department of Health,  
Division of Environmental Health. Meets the minimum requirements set forth in subsection 64E-19.007(6), F.A.C.



# Certificate of Completion

*This is to certify that*

**Brooke Mahless**

*has successfully completed an approved online educational activity in*

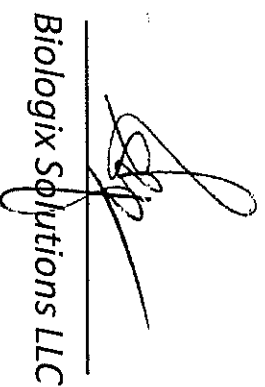
**BLOODBORNE PATHOGENS & INFECTION CONTROL  
FOR BODY PIERCERS (ANNUAL REFRESHER COURSE)**

*in accordance with the Chapter 64E-19, F.A.C.*

**Contact Hours : 3**

**Issue Date: July 6, 2012**

**(Valid for 1 Year)**

  
**Biologix Solutions LLC**



**Training | Consulting**

1201 Alison Ln. Darien, IL 60561  
[www.blxtraining.com](http://www.blxtraining.com)

**Course Approval:** This annual refresher training course is approved by the Florida Department of Health,  
Division of Environmental Health. Meets the minimum requirements set forth in subsection 64E-19.007(6), F.A.C.



ProCPR®  
By ProTrainings

ProTrainings hereby certifies that  
**Brooke Santos**

has successfully completed the education in

**Adult, Child and Infant, Pediatric CPR/AED & First Aid**

This Certification includes the following objectives and is consistent with national consensus 2020 ECC/ILCOR and American Heart Association® Guidelines.

- |                                      |                                 |
|--------------------------------------|---------------------------------|
| - Adult & Pediatric CPR              | - Adult and Pediatric First Aid |
| - AED                                | - Universal Precautions         |
| - Bleeding Control                   | - Diabetic Emergencies          |
| - Musculoskeletal Injuries           | - Stroke                        |
| - Poisoning                          | - Burns                         |
| - Shock Management                   | - Bites and Stings              |
| - Breathing Emergencies              | - Allergic Reactions            |
| - Heart Attack                       | - Seizures                      |
| - Choking, Conscious and Unconscious | - Heat and Cold Emergencies     |

INSTRUCTOR  
ROY W. SHAW #100

CERTIFICATE NUMBER  
162804253092847

DATE ISSUED      RENEW BY  
03 Aug 2021      03 Aug 2023



# CERTIFICATE OF COMPLETION

Brooke Santos

has successfully completed

Fundamentals of Anatomy and Physiology

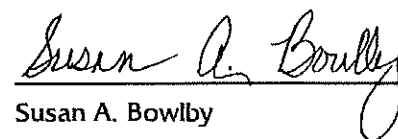
August 6, 2021

Wilmington, Delaware

9.5 Continuing Education Units



Wilma Yu, RN, BSN, MS, CEN  
Nurse Planner



Susan A. Bowlby  
President

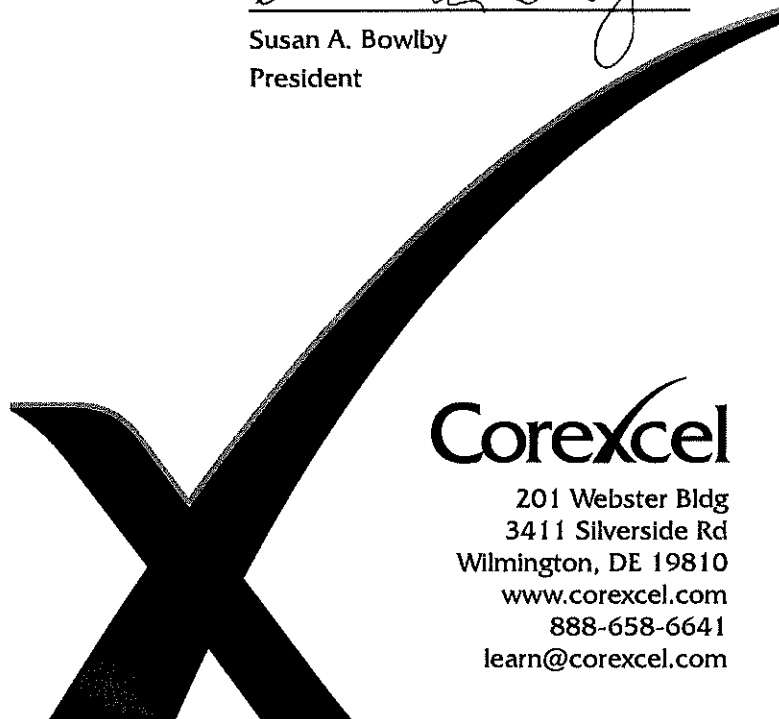


Corexcel is accredited as a Provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation.



Corexcel is accredited by the International Accreditors for Continuing Education and Training (IACET) and is authorized to issue the IACET CEU.

ANCC Accredited Provider #P0066  
IACET Accredited Provider #1000795  
California Board of Nursing Provider #CEP 13687  
District of Columbia Provider #50-452  
Florida Board of Nursing Provider #50-452  
Georgia Board of Nursing Provider #50-452



**Corexcel**

201 Webster Bldg  
3411 Silverside Rd  
Wilmington, DE 19810  
www.corexcel.com  
888-658-6641  
learn@corexcel.com

# *Certificate of Completion*

This is to Certify that


Brooke Lawless

Has successfully completed the Initial/Annual Classes: Body Piercing Chapter 64E-19 F.A.C, Biomedical Waste 64E-16 F.A.C, Chapter 381.0075 Florida Statutes and Safety, Sanitation, Sterilization Requirements, and Standard Precautions for preventing the transmission of infectious diseases

On May 12, 2011

  
Raymond Roe, MS

Environmental Health  
Supervisor II

  
**Orange  
County  
Health  
Department**  
FLORIDA DEPARTMENT  
OF HEALTH

# Certificate of Completion

is hereby granted to: Brooke Lawless  
to certify that they have completed to satisfaction

STATE OF FLORIDA DEPARTMENT OF HEALTH CHAPTER 64E-19,  
FLORIDA ADMINISTRATIVE CODE OF BODY PIERCING

October 7, 2009

FACULTY: MICHAEL A. CONNOR, RN

MAE



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**Memo**

To: Board of Health Members  
From: Annette Curbow, Health Compliance Officer  
Date: August 6, 2021  
RE: Body Art Practitioner Permit – Spencer Garron

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Spencer Garron submitted an Application for a Body Art Practitioner Permit on August 9, 2021 for Benchmark Tattoos. This application is for a permit to practice at Benchmark Tattoos at 1340 Massachusetts Ave. This application is sought to practice tattoo. The application was reviewed in accordance with the Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners. Upon initial review, it appears that the application was complete, insofar as it contains the required elements.

Spencer Garron has previous experience as a body part practitioner at Benchmark Tattoos in Reading. He also has experience at Boston Street Tattoo in Lynn.

Included in this packet are the following materials for the Practitioner Application.

1. Body Art Practitioner Application
2. Work History
3. Hepatitis B Vaccination Information
4. Drivers License
5. Current Certificate for Bloodborne Pathogen Training Program
6. Current CPR and First Aid Certificate
7. Completion of an Anatomy and Physiology course
8. Evidence indicating two years of actual experience





Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**APPLICATION FOR A BODY ART PRACTITIONER PERMIT**

*Practitioner Information:*

Your Name Spencer Garron Home Telephone (339) 221-4815

Home Address 358 E. Foster St. Melrose, MA 02176

Mailing Address \_\_\_\_\_  
*If different from home address*

Social Security # 025-80-1156 Date of Birth 03/13/1997

*Establishment Information:*

Name of Establishment Where You Practice Benchmark Tattoos

Address 1340 Massachusetts Ave. Telephone (781) 872-1537

Hours You Operate Tues-Sun. 11am-7pm Manager's Name Jonathan Santos

Please submit the following information:

- 1.) Two forms of positive picture identification
- 2.) \$200.00 fee made payable to the Town of Arlington
- 3.) Documentation of training and experience as required in section 12.G (2) of **Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.**

*I have received, read, understood and agree to follow all rules and regulations specified in the **Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners.***

Sign Spencer Garron

Date 8/9/21

## **Artist Work History**

**Spencer Garron**

358 E Foster St

(339) 221-4815

2017-2019 (Closed) (2017 - Apprenticeship)

Boston Street Tattoos

Lynn, Ma

2020 - 2021 (Artist)

Benchmark Tattoos

Reading, Ma



**HEPATITIS B VACCINE DECLINATION (MANDATORY for each employee to complete)**

I understand that due to my occupational exposure to blood or other potentially infectious materials

I may be at risk of acquiring hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time.

I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (Employee Name) [Signature]

Printed Name: SPENCER GERRARD

Date: Aug 17, 2021

MASSACHUSETTS

DRIVER'S  
LICENSE

4a ISS

02/22/2019

4a NUMBER

S56737680

4b EXP

03/13/2024

3 BOB

03/13/1997

9 CLASS

12 REST

9a END

D

B

NONE

1 GARRON

2 SPENCER BLAKE

8 358 E FOSTER ST

MELROSE, MA 02176-4109

18 EYES BLU

15 SEX M 16 HGT 5'-10"

DONOR

5 DD 02/24/2019 Rev 02/22/2016

03/13/97

Cliff C. Murray REGISTRAR

*[Signature]*

# Certificate of Completion



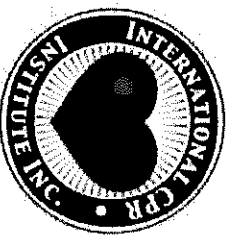
**SPENCER GARRON**

This certifies that the person named  
above has successfully completed the  
International CPR Institute  
Three Hour Course in

**Bloodborne Pathogens**

Completion Date

**August 8, 2021**



[www.icpri.com](http://www.icpri.com)

934211



[www.icpri.com](http://www.icpri.com)

Aug/8/2022

# Certificate of Completion



**SPENCER GARRON**

This certifies that the person named  
above has successfully completed the

International CPR Institute

Three Hour Course in

**Bloodborne Pathogens**

Completion Date

**September 29, 2020**



[www.icpri.com](http://www.icpri.com)

890653



[www.icpri.com](http://www.icpri.com)

Sep/29/2021

# Certificate of Completion



**SPENCER GARRON**

This certifies that the person named  
above has successfully completed the  
International CPR Institute  
Three Hour Course in

**CPR/AED, First Aid**

Adult/Child/Infant

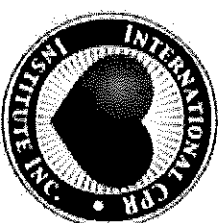
Completion Date

**September 29, 2020**



[www.icpri.com](http://www.icpri.com)

890655



[www.icpri.com](http://www.icpri.com)

Sep/29/2022



**SKIN COURSE FOR THE BODY ARTIST**

Quincy Health  
Department

*In recognition of satisfactory performance and  
completion of this program, this certificate is  
presented to:*

**Spencer Garron**

Instructor

Jones

5/16/2017





Commonwealth of Massachusetts  
Town of Reading

Board of Health

16 Lowell Street Ph: (781) 942-9061 Fax: (781) 942-9071



**BODY ART HEALTH LICENSE**

|  |
|--|
| Permit #<br><b>BA-21-4</b>                 |
| Date of Print<br><b>May 4, 2021</b>        |
| Permit Issued<br><b>April 20, 2021</b>     |
| Permit Expires<br><b>December 31, 2021</b> |
| Permit Fee<br><b>100</b>                   |

License For:

Body Art - Piercer/Tattoo Artist

Granted To:

Spencer Garron

Address:

235 HAVEN STREET Reading MA 01867

Location of  
Establishment:

235 HAVEN STREET

Restrictions:

Notes:

This permit or license is granted in conformity with the statuses and ordinances relating thereto, and expires on December 31, 2021, unless sooner revoked or suspended.

BOARD OF HEALTH

By: Peter Mirandi, Interim Health Director

**COMMONWEALTH OF MASSACHUSETTS  
CITY OF LYNN  
Board of Health**

**Body Art Practitioner License**

**PERMIT NO. BOHBA-2019-003983**

**ISSUED: 4/2/2019**

**The Board of Health of the City of Lynn, in accordance with all laws, ordinances and regulations pertaining thereto, hereby grants a/an Body Art Practitioner License to:**

**Name: SPENCER GARRON**

**Address: 555 BOSTON ST, LYNN, MA**

**Establishment: BOSTON STREET TATTOO**

**This permit shall expire on 3/31/2020, unless sooner suspended or revoked, and is subject to the following restrictions:**

**Michele Desmarais  
Director of Public Health, City of Lynn**



**COMMONWEALTH OF MASSACHUSETTS  
CITY OF LYNN  
Board of Health**

**Body Art Practitioner License**

**PERMIT NO. BOHBA-2018-001131**

**FEE: \$100.00**

**ISSUED: 3/22/2018**

**The Board of Health of the City of Lynn, in accordance with all laws, ordinances and regulations pertaining thereto, hereby grants a/an Body Art Practitioner License to:**

**Name: SPENCER GARRON**

**Address: 555 BOSTON STREET, LYNN, MA**

**Establishment: BOSTON STREET TATTOO**

**This permit shall expire on 3/22/2019, unless sooner suspended or revoked, and is subject to the following restrictions:**

**Tattoo Only**

**Michele Desmarais  
Director of Public Health, City of Lynn**

BOHBA-2018-001131